

### ANNUAL STATEMENT

#### FOR THE YEAR ENDING DECEMBER 31, 2022

OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth Michigan, Inc. 15104 NAIC Group Code 00936 00936 NAIC Company Code Employer's ID Number 46-0906893 (Prior Period) Organized under the Laws of Michigan , State of Domicile or Port of Entry Michigan Country of Domicile **United States** Licensed as business type: Life, Accident & Health [ ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ] Vision Service Corporation [ ] Health Maintenance Organization [ X ] Dental Service Corporation [ ] Other [ ] Is HMO, Federally Qualified? Yes [ ] No [ X ] Incorporated/Organized 08/15/2012 Commenced Business 04/17/2013 Statutory Home Office 4000 Town Center, Suite 1300 Southfield, MI, US 48075 (City or Town, State, Country and Zip Code) Main Administrative Office 200 Stevens Drive (Street and Number) Philadelphia, PA, US 19113

(City or Town, State,	Country and Zip Code)	(Area Code) (Telephone N	lumber)
Mail Address 4	000 Town Center, Suite 1300	, Southfield, MI,	US 48075
	(Street and Number or P.O. Box)	(City or Town, State, Cou	ntry and Zip Code)
Primary Location of Books and Rec	ords	200 Stevens Drive	
		(Street and Number)	
Philadelphia,	PA, US 19113,	215-937-8000	
(City or Town, State,	Country and Zip Code)	(Area Code) (Telephone Number	r) (Extension)
Internet Web Site Address	w	ww.amerihealthcaritasvipcareplus.com	
Statutory Statement Contact	Oumou Sow	, 410-258	3-4587
- "	(Name)	(Area Code) (Telephon	e Number) (Extension)
	ealthcaritas.com Address)	855-822-9400 (Fax Number)	
(E Man	, iddioss,	(i dx i dilibor)	
	OF	FICERS	
Name	Title	Name	Title
Michael John Burgoyne	, Treasurer	Robert Edward Tootle, Esquire ,	Secretary
Kathy Combs Warner #	, Director		-
	OTHER	OFFICERS	
	_,		
	DIRECTORS	OR TRUSTEES	
David Adam Finkel #		Kathy Combs Warner #	
	_		
State ofPennsylv	vania		

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices* and *Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various

.....Philadelphia.

Michael John Burgoyne	Robert Edward Tootle, Esquire	Kathy Combs Warner				
Treasurer	Secretary	Director				
ubscribed and sworn to before me thisday ofFebruary, 2023		a. Is this an original filing? b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached	lo [			

## **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals				,		
Group subscribers:						
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	<b>†</b>					-
	·					+
	·					+
	<b></b>				<b>†</b>	
0299997 Group subscriber subtotal	1	n	0	n	0	1
0299998 Premiums due and unpaid not individually listed	1			I		
0299999 Total group	0	0	0	0	0	1 0
0299999 Total group	.830,527	854,866	855,038	2,050,364		4,590,795
0499999 Premiums due and unpaid from Medicaid entities	1					1
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	830,527	854,866	855,038	2,050,364	0	4,590,795

## **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

	711 0 11L/ (L 1111 0/ ()					
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 - Aggregate of amounts not individually listed above.	249,084	249,084	249,085	1,769,027	1,769,027	747,253
0199999 - Pharmaceutical Rebate Receivables	249,084		249,085	1,769,027	1,769,027	747,253
029998 - Aggregate of amounts not individually listed above. 0299999 - Claim Overpayment Receivables	43,136		35,320	1,100,021	116,842	7 11 ,200
0200000 - Claim Overnayment Receivables	43,136		35,320	0	116,842	0
0300008 - Angrenate of amounts not individually listed above	157,500		30,020	0	157,500	0
0399998 - Aggregate of amounts not individually listed above. 0399999 - Loans and Advances to Providers	157,500	0	0	0	157,500	N
0000000 - Edatis and Advances to Frovincis	107,000		0	0	137,300	0
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0799999 Gross Health Care Receivables	449,720	287,470	284,405	1,769,027	2,043,369	747 , 253
and the contract of the contra	1.0,1.20	201,110	_31,100	.,	=,, 000	. 11 ,200

## EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Rece or Offset Du	eivables Collected ring the Year		ceivables Accrued 31 of Current Year	5	6
Type of Health Care Receivable	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables				2,516,280	0	1,915,257
Claim overpayment receivables		3,544,789		116,842	361,470	104,230
Loans and advances to providers				157,500	0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	361,470	3,544,789	0	2,790,622	361,470	2,019,487

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

## **EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

	Aging Analysis of Unpaid Claims									
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total				
Claims Unpaid (Reported)	1 - 30 Days	31 - 00 Days	01 - 90 Days	91 - 120 Days	Over 120 Days	Total				
04000001 P. I. B. P. L. L. P. L. P. L. L. P. P. L. P.		0	Λ	^						
0199999 Individually listed claims unpaid		U			υ					
0299999 Aggregate accounts not individually listed-uncovered	1,456,355		• • • • • • • • • • • • • • • • • • • •			1,456,35				
0499999 Subtotals	1,456,355	0	0	0	0	1,456,35 1,456,35				
0599999 Unreported claims and other claim reserves						13,456,32				
0699999 Total amounts withheld						14 040 07				
0799999 Total claims unpaid						14,912,67				
0899999 Accrued medical incentive pool and bonus amounts						I				

## **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

			<u>,                                     </u>				
1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
		<u> </u>		]			
		<u> </u>		<u> </u>			
	_		L				
0199999 Individually listed receivables	0	0	0	0	0	0	0
0199999 Individually listed receivables	•			-		•	
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

## **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1		1 2	1 4	E
A contract			4.	3 .
Affiliate	Description	Amount	Current	Non-Current
AmeriHealth Caritas Services, LLC	Administrative and staffing services	1,921,104	1,921,104	
AmeriHealth Caritas Services, LLC PerformRx, LLC	Administrative and staffing services	100,750	100,750	
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		1	1	
			I	
0100000 Individually listed psychles		2,021,854	2,021,854	Λ
0199999 Individually listed payables		2,021,034	2,021,034	ļ
0299999 Payables not individually listed				
0399999 Total gross payables		2,021,854	2,021,854	0

### **EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups		0.0		0.0		
2. Intermediaries		0.0		0.0		
3. All other providers	3,488,748	4.5	3,350	100.0		3,488,748
Total capitation payments	3,488,748	4.5	3,350	100.0	0	3,488,748
Other Payments:						
5. Fee-for-service	0		xxx	XXX		
Contractual fee payments		95.5	xxx	XXX	,	73,825,023
Bonus/withhold arrangements - fee-for-service	0		xxx	XXX		
Bonus/withhold arrangements - contractual fee payments	0	0.0	lxxx	XXX		
9. Non-contingent salaries	0	0.0	xxx	XXX		
10. Aggregate cost arrangements	0	0.0	lxxx	XXX		
11. All other payments		0.0	xxx	XXX		
12. Total other payments	73,825,023	95.5	xxx	XXX	0	73,825,023
13. Total (Line 4 plus Line 12)	77,313,771	100 %	XXX	XXX	0	77,313,771

### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

	EXHIBIT 7 - PART 2 - SUMMART OF TRANSACTIONS	<u> </u>	MILDIAINE	<u> </u>	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
			+		
			+		
			-		
		·	· <del> </del>		<b> </b>
			· <del> </del>		<b> </b>
			-		<b></b>
9999999 Totals			XXX	XXX	XXX

## **EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment						
Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
Durable medical equipment						
Other property and equipment						
6. Total	0	0	0	0	0	0



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

AmeriHealth Michigan, Inc.

2.

	·										(LOCATI			
AIC Group Code 00936 BUSINESS IN THE STATE	OF Michigan			1	DURING	3 THE YEAR 20	22	1	I	I		NAIC Company	y Code	15104
	1		ehensive & Medical)	4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other No Health
Total Members at end of:														
1. Prior Year	3,085							3,085						
2 First Quarter								2,853						
3 Second Quarter	2,924							2,924						
4. Third Quarter	3,147							3,147						
5. Current Year	3,350							3,350						
6 Current Year Member Months	36,784							36,784						
otal Member Ambulatory Encounters for Year:														
7. Physician	64,282							64,282						
8. Non-Physician	11,905							11,905						
9. Total	76,187	0	0	0	0	0	0	76,187	0	0	0	0	0	
10. Hospital Patient Days Incurred	12,831							12,831						
11. Number of Inpatient Admissions	1,113							1,113						
2. Health Premiums Written (b)	81,591,307							81,591,307						
3. Life Premiums Direct	0													
4. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	81,591,307							81,591,307						
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	77 ,313 ,771							77,313,771						
18. Amount Incurred for Provision of Health Care Services	77,264,483							77,264,483						



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

AmeriHealth Michigan, Inc.

(LOCATION)

AIC Group Code 00936 BUSINESS IN THE STATE	OF Consolidate	d			DURING	THE YEAR 20	122				(LOCATIO	JN) NAIC Compan	v Code	15104
	1	Compre Hospital 8		4	5	6	7	8	9	10	11	12	13	14
	Total	2	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other No Health
Total Members at end of:					,	•								
1. Prior Year	3,085	0	0	0	0	0	0	3,085	0	0	0	0	0	
2 First Quarter	2,853	0	0	0	0	0	0	2,853	0	0	0	0	0	
3 Second Quarter	2,924	0	0	0	0	0	0	2,924	0	0	0	0	0	
4. Third Quarter	3,147	0	0	0	0	0	0	3,147	0	0	0	0	0	
5. Current Year	3,350	0	0	0	0	0	0	3,350	0	0	0	0	0	
6 Current Year Member Months	36,784	0	0	0	0	0	0	36,784	0	0	0	0	0	
otal Member Ambulatory Encounters for Year:														
7. Physician	64,282	0	0	0	0	0	0	64,282	0	0	0	0	0	
8. Non-Physician	11,905	0	0	0	0	0	0	11,905	0	0	0	0	0	
9. Total	76,187	0	0	0	0	0	0	76,187	0	0	0	0	0	
10. Hospital Patient Days Incurred	12,831	0	0	0	0	0	0	12,831	0	0	0	0	0	
11. Number of Inpatient Admissions	1,113	0	0	0	0	0	0	1,113	0	0	0	0	0	
Health Premiums Written (b)	81,591,307	0	0	0	0	0	0	81,591,307	0	0	0	0	0	
3. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Health Premiums Earned	81,591,307	0	0	0	0	0	0	81,591,307	0	0	0	0	0	
6. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	77 ,313 ,771	0	0	0	0	0	0	77,313,771	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	77,264,483	0	0	0	0	0	0	77,264,483	0	0	0	0	0	

Schedule S - Part 1 - Section 2

## NONE

Schedule S - Part 2

**NONE** 

Schedule S - Part 3 - Section 2

**NONE** 

Schedule S - Part 4

**NONE** 

Schedule S - Part 5

**NONE** 

# SCHEDULE S – PART 6 Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

			Omitted)		1 4	
		1 2022	2 2021	3 2020	4 2019	5 2018
Δ	OPERATIONS ITEMS					
Α.	SI EIGHIONO II EMIO					
1.	Premiums	0	0	0	0	0
2.	Title XVIII-Medicare	0	0	0	43	167
3.	Title XIX-Medicaid	0	0	0	0	0
4.	Commissions and reinsurance expense allowance		0	0	0	0
5.	Total hospital and medical expenses		0	0	0	334
В.	BALANCE SHEET ITEMS					
6.	Premiums receivable		0	0	0	0
7.	Claims payable		0	0	0	0
8.	Reinsurance recoverable on paid losses				0	0
9.	Experience rating refunds due or unpaid		0	0	0	0
10.	Commissions and reinsurance expense allowances due.		0	0	0	0
11.	Unauthorized reinsurance offset	0	0	0	0	0
12.	Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F)	0	0	0	0	0
14.	Letters of credit (L)	0	0	0	0	0
15.	Trust agreements (T)	0	0	0	0	0
16.	Other (O)	0	0	0	0	0
_						
	REINSURANCE WITH CERTIFIED REINSURERS DEPOSITS BY AND FUNDS WITHHELD FROM)					
17	Multiple Beneficiary Trust	0	0	0	0	0
18.						
19.	Letters of credit (L)					
	Trust agreements (T)			0		
21.	Other (O)	0	0	0	0	0

## **SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	38 , 150 , 622		38 , 150 , 622
2.	Accident and health premiums due and unpaid (Line 15)	4,590,795		4,590,795
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	1,120,715		1,120,715
6.	Total assets (Line 28)	43,862,132	0	43,862,132
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	14,912,677	0	14,912,677
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.				
12.				
13.				0
14.				10,854,566
15.	Total liabilities (Line 24)		0	25,767,243
16.			XXX	18,094,889
17.	Total liabilities, capital and surplus (Line 34)	43,862,132	0	43,862,132
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool.	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers.	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

## SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

				Direct Bu	isiness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	co						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
•	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. lowa							
17. Kansas	KS					<u> </u>	
17. Kansas 18. Kentucky	KS KY						
19. Louisiana			-			<u> </u>	····
20. Maine	ME		-			ł	}
21. Maryland							
22. Massachusetts							
23. Michigan	MI						
	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	TM						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico							
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio							
37. Oklahoma	ľ						
38. Oregon							
39. Pennsylvania							
40. Rhode Island			-				
						†	l
41. South Carolina							
42. South Dakota	SD		-				
43. Tennessee	TN		-			<del> </del>	<b>}</b>
44. Texas	TX		-			ļ	<u> </u>
45. Utah			-			ļ	
46. Vermont	VT						
47. Virginia							
48. Washington							
49. West Virginia	WV					ļ	
50. Wisconsin	WI					ļ	
51. Wyoming	WY						
52. American Samoa	l l						
53. Guam							
54. Puerto Rico							
55. US Virgin Islands			!				
56. Northern Mariana Islands							
57. Canada							
58. Aggregate Other Alien							
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities					Type of Control (Ownership.				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
Group		NAIC Company	, ID	Federal		Publicly Traded (U.S. or	Names of Parent, Subsidiaries	Domiciliary	to Reporting	Directly Controlled by	Management, Attorney-in-Fact,	Ownership Provide	Ultimate Controlling	Filing Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)			Entity(ies)/Person(s)		*
00000		00000	. 47 - 1233198				Independence Health Group, Inc	PA	IJIP						
00000		00000	23-2425461				AmeriHealth, Inc	PA	UIP	Independence Health Group,	Ownership	100 0	Independence Health Group, Inc.	NO	
00000		00000	. 23-2423401				Allier mearth, mc		J	1116	Towner Strip	100.0	Independence	INU	
00000		00000	92-0826129				AmeriHealth Franklin, LLC	DE	NIA	AmeriHealth, Inc	Ownership	100.0	Health Group, Inc.	NO	
										AmeriHealth, Inc. (99%) / AmeriHealth Franklin, LLC			Indonondonos		
00000		00000	46-5339475				Tandigm Health, LLC	DE	NIA	(1%)	Ownership	100 0	Independence Health Group, Inc.,	NO.	
							,		1				Independence		
00000		00000	82-4299279				Tandigm MSO, LLC	PA	NIA	Tandigm Health, LLC	Ownership	100.0	Health Group, Inc.	N0 .	
00000		00000	47 - 2516811				Tandigm Scholars, Inc	PA	0TH	Tandigm Health, LLC	Board	0.0	Independence Health Group, Inc.	NO.	
00000													Independence		
00000		00000	. 85-0672015				Tandigm HVN, LLC	PA	NIA	Tandigm Health, LLC	Ownership	100.0	Health Group, Inc.	N0 .	
00000		00000	87 - 2068950				Tandigm Value Partners, LLC	PA	NIA	Tandigm HVN, LLC	Ownership.	85.2	Independence Health Group, Inc.	NO NO	
00000		00000					Tandigm Specialist Alliances,				'		Independence		
00000		00000	85-0682780				LLC	РА	NIA	Tandigm HVN, LLC	Ownership	100.0	Health Group, Inc.	N0 .	
00000		00000	. 88-3900008				  Doylestown Value Partners, LLC	PA	NIA	Tandigm HVN, LLC	.Ownership	100 0	Independence Health Group, Inc.	NO.	
							Penn Medicine Healthcare				10#IIC13I11P		Independence		
00000		00000	. 88-3890709				Partners, LLC	PA	NIA	Tandigm HVN, LLC	.Ownership	100.0	Health Group, Inc.	N0 .	
00000		00000	85-0693771				TPS Hold Co., LLC	PA	N I A	Tandigm HVN, LLC.	Ownership.	100 0	Independence Health Group, Inc.	NO	
00000		00000		-			1113 11010 00., ELG	7	IVI //	Tandryiii IIVN, LLO	Towner strip	100.0	Independence		
													Health Group, Inc.		
00000		00000	85-2543447				Tandigm Physician Services, LLC.	ne ne	NIA	TPS Hold Co., LLC	.Ownership	51.0	/ Gateway Medical Associates, Inc	NO	
00000		00000					Tanurgii Filysteran Services, ELC.		N I A		. Owner Strip		Independence	INU ] .	
													Health Group, Inc.		
										AmeriHealth, Inc. (55.2%) / Comcast Connected Health, LLC			/ Comcast Connected Health,		
00000		00000	82-5264307				1819 LLC	DE	NIA	(44.8%)	Ownership	55.2	LLC	NO.	
													Independence		
00000		00000	. 85-3092159				Evio Pharmacy Solutions, LLC	DE	NIA	AmeriHealth, Inc. (20%)	Ownership	20.0	Health Group, Inc.	N0	
00000		00000	46-3867722				Independence Blue Cross, LLC	PA	NIA	AmeriHealth, Inc	Ownership	100 0	Independence Health Group, Inc.	NO.	
							·						Independence		
00000		00000	90-0799945				3BE Holdings, LLC	DE	NIA	Independence Blue Cross, LLC	_Ownership	40.5	Health Group, Inc.	N0	
00000		00000	23-2800586				The AmeriHealth Agency, Inc	PA	NIA	Independence Blue Cross, LLC	Ownership	100 0	Independence Health Group, Inc.	NO.	
				-			The American Agency, The				'		Independence		
										Independence Blue Cross, LLC			Health Group, Inc.		
00000		00000	84-4672692				GR Health Solutions, LLC	PA	NIA	/ Anthem Partnership Holding Company, LLC	Ownership.	50 N	/ Elevance Health,	N∩	
		100000	101 7012002				for nouten outations, ELO	I	4	Loombarry, Fro	4 0 41101 0111 P		11110	١٧∪ .	

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership.	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
0		NAIC	ID	Fadanal		Publicly	Names of	D ! -: !!	to	Dina atha Cantas II ad bar	Management,	Ownership		Filing	
Group Code	Group Name	Company Code	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent, Subsidiaries Or Affiliates	Domiciliary Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)		*
Oodc	Croup Name	Oouc	Number	ROOD	Oiix	international	Of Administed	Location	Littly	(Ivanie of Emity/i croon)	milderice, Other)	reroemage	Independence	(103/140)	
													Health Group, Inc.		
							Group Retiree Health Solutions,						/ Elevance Health,		
00671	Anthem, Inc.	12812	30-0326654				Inc	PA	I A	GR Health Solutions, LLC	Ownership	50.0	Inc.	NU	
00936	Independence Health Group,	95794	51-0296135				Healthcare Delaware. Inc	DE	I A	Independence Blue Cross, LLC	Ownershin	100.0	Independence Health Group, Inc	NO	
00000	Independence Health Group,		01-0200100				licartheard beraward, me	J		Thidepolicioned Bride 01033, EE0	0 will 0 3111 p	100.0	Independence		
00936	Inc	60254	23-2865349				Independence Insurance, Inc	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	NO	
							l	D	l			400.0	Independence		
00000		00000	98-0426648				AmeriHealth Assurance, Ltd	BMU	NIA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	NU	
00000		00000	23-2795357				AmeriHealth Services. Inc	PA	NIA	Independence Blue Cross, LLC	Ownershin	100.0	Health Group, Inc	NO	
00000			20 21 00001				NS Assisted Living Communities,			Indepondence Brae Gress, EEG	0 #1101 3111 p		Independence		
00000		00000	23-2824200				Inc	PA	NIA	AmeriHealth Services, Inc	Ownership	100.0	Health Group, Inc	N0	
												400.0	Independence		
00000		00000	23-2982367				Independence Holdings, Inc	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc Independence	NU	
													Health Group, Inc.		
													/ Mercy Health		
00000		00000	23-2944969				KMHP Holding Company, Inc	PA	NIA	Independence Holdings, Inc	Ownership	50.0	Plan	N0	
	Independence Health Group,		00 0404000						l			400.0	Independence		
00936	Inc	93688	23-2184623				QCC Insurance Company	PA	I A	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	NO	
00000		00000	81-0681081				Veridign Health Solutions, LLC	PA	NIA	QCC Insurance Company	Ownership	100.0	Health Group, Inc	NO.	
00000			01 0001001				International Plan Solutions.			acc meanance company	0 #1101 0111 p		Independence		
00000		00000	27 - 0204996				LLC	DE	NIA	QCC Insurance Company	Ownership	38.2	Health Group, Inc	N0	
00000		00000	00.000040					DE		International Plan Solutions,		40.0	Independence	NO	
00000		00000	23-2903313				Highway to Health, Inc	DE	NIA	LLC	Ownership	13.0	Health Group, Inc	NU	
00000		00000	98-0408753				HTH Re. Ltd.	BMU	NIA	Highway to Health, Inc	Ownership	13.0	Health Group. Inc	NO	
							Worldwide Insurance Services,			I I I I I I I I I I I I I I I I I I I	0 #1101 0111 p		Independence		
00000		00000	54 - 1867679				LLC	VA	NIA	Highway to Health, Inc	Ownership	13.0	Health Group, Inc	N0	
00000		00000	23-2521508				AmeriHealth Administrators,	PA	NI A	Independence Plus Cross II.C.	Ownership	100.0	Independence	NO.	
00000	Independence Health Group,		23-232 13Uŏ				Inc	J	NIA	Independence Blue Cross, LLC	ownersnip		Health Group, Inc Independence	NU	
00936	Inc	16053	81-3078234	.]			Independence Assurance Company	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	NO	
	Independence Health Group,						'				·		Independence		
00936	Inc.	95044	23-2314460		[		AmeriHealth HMO, Inc	PA		Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	NO	
00936	Independence Health Group,	95056	23-2405376				Keystone Health Plan East, Inc.	PA	l IA	Independence Blue Cross, LLC	Ownerchin	100.0	Independence Health Group, Inc	NO	
00330	. III.G		20 - 240001 U				neystone hearth Fidil Edst, IIIC			Independence Blue Cross, LLC	041101 9111 h	100.0	mearth broup, IIIC	INU	
										(54%) / QCC Insurance Company					
										(23%) / Keystone Health Plan,			Independence		
00000		00000	85 <b>-</b> 1427898				1901 Market Holdco, LLC	DE	NIA	Inc. (23%)	Ownership	100.0	Health Group, Inc	NO	
00000		00000	85-1428394				1901 Market, LLC	DE	NIA	1901 Market Holdco. LLC	Ownership	100.0	Independence Health Group, Inc	NO	
00000	Independence Health Group,		0.5 1420394				Independence Hospital Indemnity	ν⊏		ISOT MAINEL HOTUGO, LLC	Owner 2111h	100.0	Independence	NU	
00936	Inc	54704	23-0370270				Plan, Inc	PA	I A	Independence Blue Cross, LLC	Board	0.0	Health Group, Inc	NO	
	1	1		1	1		. ,			1				,	

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities					Type of Control (Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management.	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)			Entity(ies)/Person(s)		*
0000	Croup Hamo	0000	Turiboi	TROOD	Ont	internationary	Independence Blue Cross	Location	Linary	Independence Hospital	mindorioo, otrior)	roroomago	Independence	(100/140)	
00000		00000	36-4685801				Foundation	PA	OTH	Indemnity Plan, Inc	Board	0.0	Health Group, Inc.	NO	
										Independence Hospital			Independence		
	Independence Health Group,						Inter-County Hospitalization			Indemnity Plan, Inc. (50%) /			Health Group, Inc.		
00936	Inc	54763	23-0724427				Plan, Inc.	PA	I A	Highmark, Inc. (50%)	Board	0.0	/ Highmark Health	NO	
										Independence Hospital			Independence		
	Independence Health Group,									Indemnity Plan, Inc. (50%) /			Health Group, Inc.		
00936	Inc	53252	23-2063810				Inter-County Health Plan, Inc	PA	I A	Highmark, Inc. (50%)	Board	0.0	/ Highmark Health	NO	
1		1					AmeriHealth Casualty Holdings,						Independence		
00000		00000	46-3878323	.			LLC.	PA		AmeriHealth, Inc.	Ownership	100.0	Health Group, Inc.	N0	
			05 4000005							AmeriHealth Casualty			Independence		
00000		00000	25-1686685				CompServices, Inc	PA	NIA	Holdings, LLC	Ownership	100.0	Health Group, Inc.	NO	
00000		00000	05 4705400				001 0	D.4	NII A	00	O	400.0	Independence	NO	
00000		00000	25-1765486	-			CSI Services, Inc.	PA	NIA	CompServices, Inc	Ownership	100.0	Health Group, Inc.	NU	
00000		00000	46-3893959				AmeriHealth New Jersey	PA	NIA	AmeriHealth. Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	40-3093939	-			Holdings, LLC	PA		AmeriHealth New Jersey	. ownership	100.0	Independence	INU	
00000		00000	61-1741302				AmeriHealth New Jersey, LLC	DE			Ownership	100.0	Health Group, Inc	NO	
00000			01-1/41302	-			AmeriHealth TPA of New Jersey,	DE	N I A	Horumgs, LLC	. Ownership	100.0	Independence	INO	
00000		00000	61-1741805				THICK THEATTH TEN OF NEW JETSEY,	NJ	NIA	AmeriHealth New Jersey, LLC	Ownerchin	100 0	Health Group, Inc.	NO	
00000	Independence Health Group.	00000	01-17-1000				AmeriHealth Insurance Company			I will mear the wear series, ELO	. Owner 3111 p	100.0	Independence		
00936	Inc.	60061	22-3338404				of New Jersey	NJ	I IA	AmeriHealth New Jersey, LLC	Ownership	100 0	Health Group, Inc.	NO	
							AmeriHealth HMO of New Jersey,						Independence		
00000		00000	35-2511976				Inc.	NJ	NIA	AmeriHealth New Jersey, LLC	Ownership.	100.0	Health Group, Inc.	NO	
										AmeriHealth, Inc. (95%) /					
										Keystone Health Plan East			Independence		
00000		00000	45-3672640				IBC MH LLC	DE	UIP	(5%)	Ownership	100.0	Health Group, Inc	NO	
	Independence Health Group,												Independence		
00936	Inc.	96660	23-2408039				Vista Health Plan, Inc	PA	I A	IBC MH LLC	Ownership	100.0	Health Group, Inc.	NO	
													Independence		
				1									Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
00000		00000	20 0702244				DMIL I I C	DF	,,,,,	LDC MILLIC	O	04.0	Mutual Insurance	NO.	
00000		00000	30-0703311	-			BMH LLC	DE	UIP	IBC MH LLC	Ownership		CompanyIndependence	. NU	
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
							AmeriHealth Caritas Services.						Mutual Insurance		
00000		00000	45-5415725				III	DE	N I A	BMH LLC	Ownership	61 3	Company	NO	
00000		00000	40-04 IUI ZU	-			LLV	الا	N I M	DITILI LLO	10m11012111h	.j	100111/2	_[INU	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				
		1				Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
													Independence		
													Health Group, Inc.		
		1											/ Blue Cross Blue		
													Shield of Michigan		
							Social Determinants of Life,						Mutual Insurance		
00000		. 00000	85-4321302				Inc.	DE	N I A	BMH LLC.	Ownership	61.3	Company	NO	
		1						1					Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
										Social Determinants of Life.			Mutual Insurance		
00000		. 00000	47 - 5496220				Wider Circle, Inc	DE	N I A	Inc.	Ownership			NO	
00000		100000	47 - 3430220						N I //	1116	. Owner sirrp	10.0	Independence	INO	
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
													Mutual Laguage		
00000		00000	00.0040000				DMIL OUDOO 1 110	DE		DMIL I LO	O	04.0	Mutual Insurance	NO	
00000		. 00000	38-3946080				BMH SUBCO I LLC	DE	UIP	BMH LLC	. Ownership		Company	. NU	
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
													Mutual Insurance		
00000		. 00000	80-0768643				BMH SUBCO II LLC	DE	UIP	BMH LLC	Ownership	61.3	Company	. N0 .	
1													Independence		
1													Health Group, Inc.		
1													/ Blue Cross Blue		
1													Shield of Michigan		
1										BMH SUBCO I LLC (50%) / BMH			Mutual Insurance		
00000		. 00000	23-2842344				Keystone Family Health Plan	PA	NIA	SUBC0    LLC (50%)	.Ownership	61.3	Company	NO	
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
1										BMH SUBCO I LLC (50%) / BMH			Mutual Insurance		
00000		. 00000	23-2859523	]			AmeriHealth Caritas Health Plan.	PA	UIP	SUBCO II LLC (50%)	.Ownership	61.3	Company	NO	
		1							1		1	1	Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
1	Independence Health Group,						AmeriHealth Caritas Louisiana,						Mutual Insurance		
00936	Inc	14143	27 - 3575066				Inc	LA	IA	AMHP Holdings Corp	Ownership	61 3	Company	N∩	
00000	1		50,0000				1		4	1	-		1 0 0 p car 1 y		

		1		,							T				
1 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities					Type of Control (Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location		(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s)		*
	·					•							Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
										l			Shield of Michigan		
00000		00000	47 0000007							AmeriHealth Caritas Health		04.0	Mutual Insurance	No.	
00000		00000	47 - 3923267				AmeriHealth Caritas Iowa, LLC	A	NIA	Plan	.Ownership		CompanyIndependence	N0	
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
	Independence Health Group,												Mutual Insurance		
00936	Inc.	15104	46-0906893				AmeriHealth Michigan, Inc	МІ	RE	AMHP Holdings Corp	Ownership	61.3	Company	NO	
							]g,						Independence	1	
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
	Independence Health Group,						Select Health of South						Mutual Insurance		
00936	Inc	95458	57 - 1032456				Carolina, Inc	SC		AMHP Holdings Corp	Ownership	61.3		N0	
													Independence		
													Health Group, Inc. / Blue Cross Blue		
													Shield of Michigan		
	Independence Health Group,						AmeriHealth Caritas District of						Mutual Insurance		
00936	Inc.	15088	46-1480213				Columbia, Inc.	DC	I A	AMHP Holdings Corp	Ownership.	61 3	Company	NO	
00000	1110		140 1400210				Joordinbra, Mo.			Theratings out p	. O WITTO TOTT P	1	Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
										AmeriHealth Caritas Health			Mutual Insurance		
00000		00000	27 - 0863878				PerformRx, LLC	. PA	NIA	Plan	.Ownership	61.3	Company	N0	
									1				Independence		
									1				Health Group, Inc. / Blue Cross Blue	1	
									1				Shield of Michigan		
									1				Mutual Insurance		
00000		00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	61 3	Company	NO	
00000			. 01-1123412					· · · · · · · · · · · · · · · · · · ·					Independence		
									1				Health Group, Inc.		
									1				/ Blue Cross Blue	1	
									1				Shield of Michigan		
									1	AmeriHealth Caritas Health			Mutual Insurance		
00000		00000	26-1809217				PerformRx IPA of New York, LLC	NY	NIA	Plan	Ownership	61.3	Company	NO	

1	2	3	4	5	6	7	8	9	10		12	13	14	15	16
	2		7		O	Name of Securities Exchange if		3	Relationship		Type of Control (Ownership, Board,	If Control is		Is an SCA	10
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location		Directly Controlled by (Name of Entity/Person)	Management, Attorney-in-Fact,	Ownership Provide	Ultimate Controlling Entity(ies)/Person(s)	Filing Required? (Yes/No)	*
00000	Group Name		. 26-1144363	KSSD	CIK	international)	AMHP Holdings Corp	PA	Littly UDP	AmeriHealth Caritas Health	Ownership		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00000			25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc	PA		AMHP Holdings Corp	Ownership		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
	Independence Health Group,		26-0885397				CBHNP Services. Inc	PA		Community Behavioral Healthcare Network of Pennsylvania, Inc.	Ownership		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO.	
00000			45-3790685				AmeriHealth Nebraska, Inc	NE.	NIA	AmeriHealth Caritas Health	Ownership.		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company / GoodLife Partners, Inc	NO	
00936	Independence Health Group,		45-4088232				AmeriHealth Caritas Florida,	FL	IA	AmeriHealth Caritas Health	Ownership		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
	Blue Cross Blue Shield of Michigan	. 11557	. 47 -2582248				Blue Cross Complete of Michigan	MI	I A	AmeriHealth Caritas Health Plan (50%), Michigan Medicaid Holdings Company (50%)	Ownership		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00000		. 00000	61-1847073				AmeriHealth Caritas Delaware, Inc	DE	NIA	AMHP Holdings Corp	Ownership		Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	-	Ŭ			0	Name of Securities Exchange if	Ü		Relationship		Type of Control (Ownership, Board,	If Control is		Is an SCA	10
Group Code	Group Name	NAIC Company	/ ID Number	Federal RSSD	CIK	Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location		Directly Controlled by (Name of Entity/Person)	Management, Attorney-in-Fact,	Ownership Provide	Ultimate Controlling Entity(ies)/Person(s)	Filing Required? (Yes/No)	*
00936	Independence Health Group,	Code 16451	82-1141687	KSSD	CIK	international)	Or Affiliates  AmeriHealth Caritas Texas, Inc			AMHP Holdings Corp	Ownership		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	(Yes/No)	
	Independence Health Group,						AmeriHealth Caritas New Mexico,				,		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance		
00936	IncIndependence Health Group,		.61-1857768				.Inc	NM		AMHP Holdings Corp	.Ownership		CompanyIndependence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance	N0	
00936	Inc		. 83-1481671				Carolina, IncAmeriHealth Caritas Minnesota,	NC	IA	AMHP Holdings Corp	.Ownership		Company Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance	N0	
00000	Independence Health Group,		.83-3241979				AmeriHealth Caritas New Hampshire, Inc.	MN		AMHP Holdings Corp	Ownership		Company		
00936	Independence Health Group,		. 84-2435374				AmeriHealth Caritas Ohio, Inc	0H		AMHP Holdings Corp	.Ownership		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00000		00000	.81-4458766				AmeriHealth Caritas Oklahoma,	0K		AMHP Holdings Corp	.Ownership		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	

							T						T		
Group Code	2 Group Name	NAIC Company Code	4 , ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8  Names of Parent, Subsidiaries Or Affiliates	9  Domiciliary Location	10  Relationship to Reporting Entity	11  Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage		Is an SCA Filing Required? (Yes/No)	16
00000			. 85-3713213				AmeriHealth Caritas Nevada,	NV		AMHP Holdings Corp	.Ownership		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00000		. 00000	. 86-2442207				AmeriHealth Caritas California,	CA	NIA	AMHP Holdings Corp	.Ownership		Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00936	Independence Health Group,	17293	. 87 -4065041				AmeriHealth Caritas VIP Next,	DE	I A	AMHP Holdings Corp	.Ownership	61.3	Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance CompanyIndependence Health Group, Inc.	NO	
00000		00000	. 84-2266837				AmeriHealth Caritas West Virginia, Inc	WV	NIA	AMHP Holdings Corp	Ownership		/ Blue Cross Blue Shield of Michigan Mutual Insurance Company Independence Health Group. Inc.		
00000		00000	. 37 - 2065928				AmeriHealth Caritas Georgia,	GA	NIA	AMHP Holdings Corp	.Ownership		/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	

Asterisk	Explanation
1	Charity

### **SCHEDULE Y**

### PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7 Income/	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent. Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95458	57 - 1032456	Select Health of South Carolina, Inc.	Dividends	Contributions	investinents	Ailliate(3)	(197,883,590)	Agreements	_	Dusiliess	(197,883,590)	rakeri/(Liability)
13630	26-0885397	CRHNP Services Inc					(107,000,000)		1			
14143	27 - 3575066	AmeriHealth Caritas Louisiana, Inc.				• • • • • • • • • • • • • • • • • • • •	(110,289,876)		1		(110,289,876)	
14378	45-4088232	AmeriHealth Caritas Florida, Inc.				• • • • • • • • • • • • • • • • • • • •	(79,902,525)		1		(79,902,525)	
15088	46-1480213	AmeriHealth Caritas DC, Inc.		20,000,000			(74,947,365)		1		(54,947,365)	
15104	46-0906893	AmeriHealth Michigan, Inc.		10,000,000			(12,466,626)		1		(2,466,626)	
00000	23-2859523	AmeriHealth Caritas Health Plan.		10,000,000			(12,700,020)		†			
00000	45-5415725	AmeriHealth Caritas Nearth Flan		<b>†</b>			492,600,769		†		492,600,769	
16451	82-1141687	AmeriHealth Caritas Services, Elc					105		†		105	
16422	61-1857768	AmeriHealth Caritas New Mexico, Inc.					1,361		†		1,361	
16498	83-0987718	AmeriHealth Caritas New Hampshire, Inc.		8,000,000			(36,425,790)		†		(28,425,790)	
16539	83-1481671	AmeriHealth Caritas New Hampshire, Inc.		15,000,000			(92,720,702)		†		(77,720,702)	
16980	04 0405074	Amonilloolth Coniton Ohio Inc		49,000,000			(26,593,395)	<b></b>	†····	†	22,406,605	
00000	27 - 0863878	AmeriHealth Caritas Unio, Inc		,, , , , , , , , , , , , , , , , ,			36,270,319		†	<u> </u>	36,270,319	
00000	61-1729412	PerformSpecialty IIC		†			103,948,224		†	+	103,948,224	
17293	87 - 4065041	AmeriHealth Caritas VIP Next, Inc		23.300.000			(1,590,909)		†		21.709.091	
00000		AMHP Holdings Corp		(125,300,000)			(1,580,808)		†		(125,300,000)	
00000	20-1144303	Iniiii notutiiya corp		(123,300,000)					†	•	( 120,000,000) n	
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### **SCHEDULE Y**

#### PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1	2	3	4 Granted Disclaimer	5	6	7	8 Granted Disclaimer
		Ownership Percentage Column 2 of	of Control\Affiliation of Column 2 Over		U.S. Insurance Groups or Entities	Ownership Percentage (Columns 5	of Control\Affiliation of Column 5 Over
Insurers in Holding Company	Owners with Greater than 10% Ownership	Column 2 of	Column 1 (Yes/No)	Ultimate Controlling Party	Controlled by Column 5	of Columns 5	Column 6 (Yes/No)
			,	BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	1	, ,
AmeriHealth Caritas Florida, Inc	AmeriHealth Caritas Health Plan	100.000 %	NO	Independence Health Group, Inc	Independence Health Group, Inc.	100 .000 %	NO
l				BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		
AmeriHealth Caritas Louisiana, Inc	AMHP Holdings Corp	100.000 %	N0	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
Amonillanith Conitan District of Columbia Lan	AMHP Holdings Corp		NO NO	BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	100.000 %	NO NO
AmeriHealth Caritas District of Columbia, Inc	AMAP Horarngs Corp		NU	Independence Health Group, IncBCBS of Mich. Mut. Ins. Co.	Independence Health Group, IncBCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	. 100.000 %	NU
  AmeriHealth Caritas New Hampshire, Inc	AMHP Holdings Corp		NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
Amerimeanth caritas New Hampshire, Inc				BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	100.000 //	JNO
AmeriHealth Caritas New Mexico, Inc	AMHP Holdings Corp.		NO.	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO.
Third this dat tas now moxiso, the				BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	100.000 %	
AmeriHealth Caritas North Carolina, Inc.	AMHP Holdings Corp	100.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
				BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		
AmeriHealth Caritas Ohio, Inc	AMHP Holdings Corp	100.000 %	NO	Independence Health Group, Inc	Independence Health Group, inc	100.000 %	NO
				BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		
AmeriHealth Caritas Texas, Inc	AMHP Holdings Corp		NO	Independence Health Group, Inc	Independence Health Group, Inc.	100.000 %	NO
AmeriHealth HMO, Inc.	Independence Blue Cross, LLC.	100.000 %	NO	Independence Health Group, Inc	Independence Health Group, Inc.	100.000 %	NO
AmeriHealth Insurance Company of New Jersey	AmeriHealth New Jersey, LLC	100.000 %	N0	Independence Health Group, Inc	Independence Health Group, Inc.	100.000 %	NO
Annual Handah Milah Sana Lan	AMUD Hald'and Oran	400 000 %	NO	BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	400 000 %	NO
AmeriHealth Michigan, Inc	AMHP Holdings Corp	100.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
Divis Cross Complete of Michigan IIC	AmeriHealth Caritas Health Plan 50% / Michigan		NO NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	100.000 %	NO NO
Blue Cross Complete of Michigan LLC			NU	IBCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	100 . 000 %	JNU
CBHNP Services. Inc.	Pennsylvania, Inc.		NO NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO NO
DINI Services, Inc				IAnthem. Inc.	Anthem, Inc. (See Anthem Sch Y)	100.000 //	JNU
Group Retiree Health Solutions, Inc.	GR Health Solutions. LLC		NO NO	Independence Health Group, Inc	Independence Health Group, Inc.	100.000 %	NO NO
Healthcare Delaware. Inc.	Independence Blue Cross. LLC	100.000 %	NO	Independence Health Group. Inc.	Independence Health Group, Inc.	100.000 %	NO
Independence Assurance Company	Independence Blue Cross, LLC	100.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
Independence Hospital Indemnity Plan, Inc	Independence Blue Cross, LLC	0.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100 . 000 %	NO
Independence Insurance, Inc	Independence Blue Cross, LLC	100.000 %	NO	Independence Health Group, Inc	Independence Health Group, Inc	100.000 %	NO
	Independence Hospital Indemnity Plan, Inc. /			Highmark Health	Highmark Health (See Highmark Health Sch Y)		
Inter-County Health Plan, Inc.	Highmark, Inc	0.000 %	NO	Independence Health Group, Inc	Independence Health Group, Inc.	100.000 %	NO
	Independence Hospital Indemnity Plan, Inc. /	0 000 %	NO	Highmark Health	Highmark Health (See Highmark Health Sch Y)	400 000 %	NO
Inter-County Hospitalization Plan, Inc.	Highmark, Inc	0.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
Keystone Health Plan East, Inc	Independence Blue Cross, LLCIndependence Blue Cross, LLC	100.000 %	NO	Independence Health Group, Inc	Independence Health Group, Inc	100.000 %	NONO
QCC Insurance Company	Independence Blue Cross, LLC	100.000 %	NU	Independence Health Group, IncBCBS of Mich. Mut. Ins. Co.	Independence Health Group, IncBCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	100 . 000 %	
  Select Health of South Carolina, Inc.	AMHP Holdings Corp		NO	Independence Health Group, Inc	Independence Health Group, Inc.	100.000 %	NO
Vista Health Plan. Inc.	BC MH LLC.	95.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NONO.
Trista nearth Fran, IIIo		90.000 //	JNO	Thropoliuonoe hearth oroup, the		100.000 //	JNU

### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

#### REQUIRED FILINGS

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

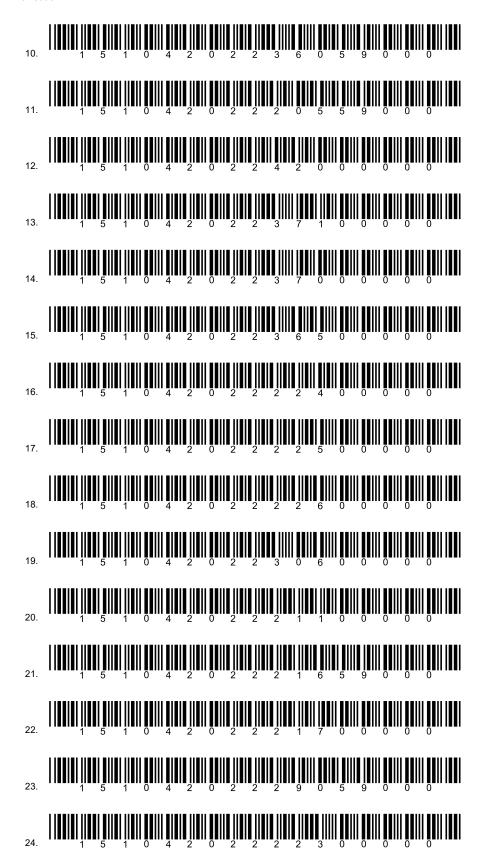
	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	·	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
lowe nterro	SUPPLEMENTAL FILINGS  Illowing supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business cover, in the event that your company does not transact the type of business for which the special report must be filed, your response of opatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your comparter reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	f NO to the specific
	MARCH FILING	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
16.	filed electronically with the NAIC by March 1?	N0
17.	electronically with the NAIC by March 1?	N0
18.		N0
	APRIL FILING	
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0
21.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	N0
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	N0
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	N0
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
•	nation:	
U. Bi	siness not written	
1. Bu	siness not written	
2. Bı	siness not written	
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20. Business not written

### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 21. Business not written
- 22. Business not written
- 23. Business not written
- 24. Business not written

#### Bar code:



### **OVERFLOW PAGE FOR WRITE-INS**

M004 Additional Aggregate Lines for Page 04 Line 14. \*REVEX1 - Statement of Revenue and Expenses

	1	2	3
	Uncovered	Total	Total
1404. Other Passthrough Expense.		1,972,206	0
1497. Summary of remaining write-ins for Line 14 from Page 04	0	1,972,206	0

M014 Additional Aggregate Lines for Page 14 Line 25. \*EXEXP - Underwriting and Investment Exhibit - Part 3

	1	2	3	4	5
	Cost	Other Claim	General		
	Containment	Adjustment	Administrative	Investment	
	Expenses	Expenses	Expenses	Expenses	Total
2504. Penalties	0	0	5,574		5,574
2597. Summary of remaining write-ins for Line 25 from Page 14	0	0	5,574	0	5,574

## **OVERFLOW PAGE FOR WRITE-INS**

M007 Additional Aggregate Lines for Page 7 Line 13. \*ANAOPS - Analysis of Operations by Lines of Business

ANAOI 0 - Ailaiysis di Operationis by Enres di Business										
	1	2	3	4	5	6	7	8	9	10
		Comprehensive				Federal Employees	Title	Title		
		(Hospital &	Medicare	Dental	Vision	Health	XVIII	XIX	Other	Other
	Total	Medical)	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Health	Non-Health
1304. Other Passthrough Expense	1,972,206						1,972,206			XXX
1397. Summary of remaining write-ins for Line 13										
from page 7	1,972,206	0	0	0	0	0	1,972,206	0	0	xxx